# 36

# 36 Rural Health Clinics/Independent

Rural health clinics are defined as clinics located in a rural area designated by the Bureau of Census as non-urbanized and medically under-served. Rural health clinics are designed to meet the needs of those recipients who might otherwise be unable to access medical attention.

Independent rural health clinics are physician-owned. These clinics are reimbursed at the reasonable cost rate per visit (encounter) established for the clinic by Medicaid.

Refer to the *Alabama Medicaid Agency Administrative Code,* Chapter 8, for policy provisions for independent rural health clinic providers

## 36.1 Enrollment

EDS enrolls rural health clinic providers and issues provider contracts to applicants who meet the licensure and/or certification requirements of the state of Alabama, the Code of Federal Regulations, the *Alabama Medicaid Agency Administrative Code*, and the *Alabama Medicaid Provider Manual*.

Refer to Chapter 2, Becoming a Medicaid Provider, for general enrollment instructions and information. Failure to provide accurate and truthful information or intentional misrepresentation might result in action ranging from denial of application to permanent exclusion.

### Provider Number, Type, and Specialty

A provider who contracts with Medicaid as a rural health clinic provider is issued nine-digit Alabama Medicaid provider number that enables the provider to submit requests and receive reimbursements for claims.

| NOTE: |
| --- |
| **All nine digits are required when filing a claim.** |

Rural health clinics are assigned a provider type of 29 (rural health clinics). The valid specialty for an independent rural health clinic is Independent Rural Health Clinic (R8).

NOTE:

Physicians affiliated with rural health clinics are assigned their own Alabama Medicaid provider number, which links them to the clinic. The provider type for the physician is 29 (Rural Health Clinic). The valid specialties are any of those specialties valid for physicians. Please refer to Chapter 28, Physician, for a listing of valid specialties.

All other personnel affiliated with the rural health clinic, such as physician assistants or nurse practitioners, bill using the clinic's provider number, and are not assigned individual provider numbers.

**Enrollment Policy for Independent Rural Health Clinics**

To participate in the Alabama Medicaid Program, independent rural health clinic (IRHC) providers must meet the following requirements:

- Submit a copy of the following documentation of Medicare certification: the Centers for Medicare and Medicaid Services (CMS) letter assigning the Medicare Provider number.
- Submit a copy of the clinics budgeted cost report to Medicaid Alternative Services program to establish the reimbursement rate.
- Submit a copy of the CMS Clinical Laboratory Improvement Amendments of 1988 (CLIA) certificate or waiver.
- Operate in accordance with applicable federal, state, and local laws.

The effective date of the enrollment of an independent rural health clinic will be date of Medicare certification.

**Patient 1st Requirements for Independent Rural Health Clinics**

- The clinic must be a licensed federally recognized RHC enrolled in the Alabama Medicaid Program, who has not been sanctioned.
- The administrator must sign a clinic PMP agreement that delineates program requirements including, but not limited to, patient management, 24-hour coverage, and other program requirements.
- The RHC and or site must be opened a minimum of 40 hours per week and the physician must practice at the location of 40 hours per week to be considered a Full Time Equivalent (FTE)
- In order to be considered to carry a caseload, the physician must be a minimum of a Full Time Physician (FTP). If a physician is less than a FTP, a percentage of a total patient caseload will be allowed based on on-site availability.
- The number of physicians and/or mid-levels and their FTP status will determine caseloads. FTP physicians may have a maximum caseload of 1200 patients.

- Mid-level participation will allow a caseload to be extended by 400 additional patients. Only two mid-levels per physician will be allowed and a mid-level may only be counted once in a caseload extension. If the clinic is run solely by mid-level practitioners, then the FTP equivalent of those mid-level personnel will be applied against the 1200 maximum caseload.
- The RHC must specify what arrangements have been made for hospital admissions. If physicians within the RHC do not have admitting privileges, then the designee must be specified. If the RHC/physician does not have a designee, then the enrollment form must contain documentation as to what is done to arrange these services for non-**Patient 1st** enrollees including a written statement from the hospital.
- All physicians and mid-levels practicing in the clinic and their FTP status which are to be considered for purposes of the **Patient 1st** Program should be listed on the enrollment form.

## 36.2 Benefits and Limitations

This section describes program-specific benefits and limitations. Refer to Chapter 3, Verifying Recipient Eligibility, for general benefit information and limitations.

### *36.2.1 Covered Services*

Rural health clinic visits and inpatient physician services are subject to the same routine benefit limitations as for physicians. Refer to the *Alabama Medicaid Agency Administrative Code,* Chapter 6, for details.

Independent rural health clinic services are reimbursable if they are provided by any of the following individuals:

- Physician
- Physician assistant, nurse practitioner, certified nurse midwife, registered nurse, or clinical social worker as an incident to a physician's service

The physician, physician assistant, nurse practitioner, certified nurse midwife, registered nurse or clinical social worker must conform to all state requirements regarding the scope or conditions of their practice.

The CRNP can make physician-required visits to nursing facilities. However, a CRNP can not make physician required inpatient visits to hospitals or other institutional settings to qualify for payment to the physician or to satisfy current regulations as physician visits. The PA or CRNP may provide low complexity or straightforward medical decision-making services in the emergency department for Medicaid reimbursement.

A nurse practitioner, physician assistant, or certified nurse midwife must be available to furnish patient care at least fifty (50%) percent of the time the clinic operates

Services covered under the independent rural health clinic program are any medical service typically furnished by a physician in an office or in a physician home visit. Limits are the same as for the Physician Program.

NOTE:

The dispensing fee for birth control pills is a non covered service and Medicaid's Fiscal Agent will deny any claim submitted with procedure code Z5440 or S4993. See below for reporting information.

For accounting purposes, a quarterly summary report in excel format identifying the provider name, provider number, and the total number of birth control pills distributed by each provider is required for each calendar quarter (January – March; April – June; July – September; and October – December.). This quarterly summary report is due by the end of the 1st week following each quarter. For example, the April – June 2004 quarterly report is due by July 9, 2004. This quarterly summary report must be submitted via e-mail to lpayne@medicaid.state.al.us.

## 36.3 Prior Authorization and Referral Requirements

Procedure codes billed by rural health providers generally do not require prior authorization. Any service warranted outside of these codes must have prior authorization. Refer to Chapter 4, Obtaining Prior Authorization, for general guidelines.

When filing claims for recipients enrolled in the Patient 1st Program, refer to Section D.1.3 of the Managed Care appendix to determine whether your services require a referral from the Primary Medical Provider (PMP).

## 36.4 Cost Sharing (Copayment)

The copayment amount is $1.00 per visit including crossovers. The copayment does not apply to services provided for pregnant women, nursing facility residents, recipients less than 18 years of age, emergencies, and family planning.

Providers may not deny services to any eligible Medicaid recipient because of the recipient's inability to pay the cost-sharing (copayment) amount imposed.

NOTE:

Medicaid copayment is NOT a third party resource. Do not record copayment on the CMS-1500 claim form.

**Medicare Deductible and Coinsurance**

For independent rural health clinic services, Medicaid pays the Medicare deductible and coinsurance up to the encounter rate, established by Medicaid. Please refer to Chapter 5, Filing Claims, for additional information.

## 36.5 Completing the Claim Form

- Electronic claims submission can save you time and money. The system alerts you to common errors and allows you to correct and resubmit claims online.

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

Independent rural health clinics that bill Medicaid claims electronically receive the following benefits:

- Quicker claim processing turnaround
- Immediate claim correction
- Enhanced online adjustment functions
- Improved access to eligibility information

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

NOTE:

When filing a claim on paper, a CMS-1500 claim form is required. Medicare-related claims must be filed using the Medical Medicaid/Medicare-related Claim Form.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

### *36.5.1 Time Limit for Filing Claims*

Medicaid requires all claims for independent rural health clinics to be filed within one year of the date of service. Refer to Section 5.1.5, Filing Limits, for more information regarding timely filing limits and exceptions.

### *36.5.2 Diagnosis Codes*

The *International Classification of Diseases - 9th Revision - Clinical Modification* (ICD-9-CM) manual lists required diagnosis codes. These manuals may be obtained by contacting the American Medical Association, P.O. Box 10950, Chicago, IL 60610.

**NOTE:**

ICD-9 diagnosis codes must be listed to the highest number of digits possible (3, 4, or 5 digits). Do not use decimal points in the diagnosis code field.

### *36.5.3 Procedure Codes and Modifiers*

Services of the independent rural health clinics are limited to the procedures listed below. The (837) Professional, Institutional and Dental electronic claims and the paper claim have been modified to accept up to four Procedure Code Modifiers.

Encounters are all-inclusive. All services provided for the encounter are included in the reimbursement rate for the encounter.

The only exception to all-inclusive encounters is claims for laboratory services. Rural Health Clinic providers should use their regular Medicaid provider number, not their 541XXXXXXX Rural Health Clinic number.

**Clinic Visit**

| *Procedure Code* | *Description* |
|---|---|
| 99211-SE | Medical Encounter |

### Inpatient Hospital

| *Procedure Code* | *Description* |
|---|---|
| 99231-SE | Inpatient Hospital Encounter |

### EPSDT Codes

| *Procedure Code* | *Description* |
|---|---|
| 99381-EP | Initial EPSDT, Normal, under 1 year of age |
| 99382-EP | Initial EPSDT, Normal, 1-4 years of age |
| 99383-EP | Initial EPSDT, Normal, 5-11 years of age |
| 99384-EP | Initial EPSDT, Normal, 12-17 years of age |
| 99385-EP | Initial EPSDT, Normal, 18-20 years of age |
| 99381-EP | Initial EPSDT, abnormal, under 1 year of age |
| 99382-EP | Initial EPSDT, abnormal, 1-4 years of age |
| 99383-EP | Initial EPSDT, abnormal, 5-11 years of age |
| 99384-EP | Initial EPSDT, abnormal, 12-17 years of age |
| 99385-EP | Initial EPSDT, abnormal, 18-20 years of age |
| 99391-EP | Periodic EPSDT, normal, under 1 year of age |
| 99392-EP | Periodic EPSDT, normal, 1-4 years of age |
| 99393-EP | Periodic EPSDT, normal, 5-11 years of age |
| 99394-EP | Periodic EPSDT, normal, 12-17 years of age |
| 99395-EP | Periodic EPSDT, normal, 18-20 years of age |
| 99391-EP | Periodic EPSDT, abnormal, under 1 year of age |
| 99392-EP | Periodic EPSDT, abnormal, 1-4 years of age |
| 99393-EP | Periodic EPSDT, abnormal, 5-11 years of age |
| 99394-EP | Periodic EPSDT, abnormal, 12-17 years of age |
| 99395-EP | Periodic EPSDT, abnormal, 18-20 years of age |
| 99173-EP | EPSDT Vision Screen |
| 92551-EP | EPSDT Hearing Screen |
| 99391 | Interperiodic EPSDT, infant (age under one year) |
| 99392 | Interperiodic EPSDT, early childhood (age 1-4) |
| 99393 | Interperiodic EPSDT, late childhood (age 5-11) |
| 99394 | Interperiodic EPSDT, adolescent (age 12-17) |
| 99395 | Interperiodic EPSDT, adult (age 18-20) |

**NOTE:**

EPSDT vision and hearing screenings are performed in conjunction with a complete comprehensive screen and are limited to one per year for children 5-20 years of age.

### Family Planning Codes

| *Procedure Code* | *Description* |
|---|---|
| 11975 | Implant Insertion (limited to one per 365 days) Deleted as of 6-1-03 |
| 11976 | Implant Removal (limited to one per 365 days) Deleted as of 6-1-03 |
| 11977 | Implant Removal with Reinsertion (limited to one every five years) |
| 11980 | Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin) |
| 57170 | Diaphragm |
| 58300 | IUD Insertion |
| 58301 | IUD Removal |

| *Procedure Code* | *Description* |
|---|---|
| 99401 | HIV Pre-Test Counseling (Must be billed in conjunction with a family planning visit) - Limited to two per recipient per calendar year. |
| 99402 | HIV Post-Test Counseling (Must be billed in conjunction with a family planning visit) - Limited to two per recipient per calendar year. |
| J1055 | Depo-Provera Shots 150 mg/ml, limited to one injection every 70 days |
| J1056 | Medroxyprogesterone Acetate/Estradiol Cypionate |
| J7302 | Levonorgestrel-releasing Intrauterine Contraceptive System |
| 99205-FP | Initial Visit (limited to one per recipient per family planning provider) |
| 99214-FP | Annual Visit (limited to one per recipient per calendar year) |
| 99213-FP | Periodic Visit (limited to four services per calendar year) |
| 99347-FP | Home Visit |
| 99212-FP | Extended Family Planning Counseling (limited to one service during 60-day post-partum period) |
| Z5270 | Norplant Capsules Kit Deleted as of 6-1-03 |
| Z5272 | Implant Physical with Counseling Visit Deleted as of 6-1-03 |
| S4989 | Hormonal IUD (Progestesert) |
| J7300 | Mechanical IUD (Paragard) |

**Prenatal Description**

| *Procedure Code* | *Description* |
|---|---|
| 99212-HD | Prenatal Clinic Visit |
| 59430 | Postpartum Clinic Visit |

**Vaccines For Children (VFC)**

Refer to Appendix A, EPSDT, for procedure codes for VFC.

**Preventive Health**

| *Procedure Code* | *Description* |
|---|---|
| S9445 | Prenatal Education (limited to 12 classes per recipient within 2-year period) |
| 99412 | Adolescent Pregnancy Prevention Education |

**NOTE:**

Medical encounter (99211-SE) counts against the physician yearly benefit limitations. More than one encounter may not be billed on the same date of service.

### *36.5.4 Place of Service Codes*

The following place of service codes apply when filing claims for independent rural health clinics:

| *POS Code* | *Description* |
|---|---|
| 11 | Office |
| 21 | Inpatient Hospital |
| 22 | Outpatient Hospital |
| 23 | Emergency Room – Hospital |
| 31 | Skilled Nursing Facility or Nursing Facility |
| 32 | Nursing Facility |

### *36.5.5 Required Attachments*

To enhance the effectiveness and efficiency of Medicaid processing, your attachments should be limited to the following circumstances:

- Claims with Third Party Denials

Refer to Section 5.7, Required Attachments, for more information on attachments.

## 36.6 For More Information

This section contains a cross-reference to other relevant sections in the manual.

| Resource | Where to Find It |
|---|---|
| CMS-1500 Claim Filing Instructions | Section 5.2 |
| Medical Medicaid/Medicare-related Claim Filing Instructions | Section 5.6.1 |
| EPSDT | Appendix A |
| Electronic Media Claims (EMC) Submission Guidelines | Appendix B |
| Family Planning | Appendix C |
| AVRS Quick Reference Guide | Appendix L |
| Alabama Medicaid Contact Information | Appendix N |

## 36.7 Local Code Crosswalk Information

NOTE:

Use "Local" procedure codes for **dates of service** through 12/31/03. Use HCPCS procedure code, with modifier(s) if applicable, for dates of service 01/01/04 and thereafter.

| "Local" Code thru 12/31/03 | HCPCS-Modifier(s) Beginning 01/01/04 | Description |
|---|---|---|
| Z5115 | 99381-EP – Under 1 yr of age<br>99382-EP – 1-4 yrs of age<br>99383-EP – 5-11 yrs of age<br>99384-EP – 12-17yrs of age<br>99385-EP – 18-20 yrs of age | Initial EPSDT, Normal |
| Z5116 | 99381-EP – Under 1 yr of age<br>99382-EP – 1-4 yrs of age<br>99383-EP – 5-11 yrs of age<br>99384-EP – 12-17yrs of age<br>99385-EP – 18-20 yrs of age | Initial EPSDT, Abnormal |
| Z5154 | 99391-EP – under 1 yr of age<br>99392-EP – 1-4 yrs of age<br>99393-EP – 5-11 yrs of age<br>99394-EP – 12 – 17 yrs of age<br>99395-EP – 18-20 yrs of age | Periodic EPSDT, Normal |
| Z5155 | 99391 – under 1 yr of age<br>99392 – 1-4 yrs of age | Periodic EPSDT, Abnormal |

| "Local" Code thru 12/31/03 | HCPCS-Modifier(s) Beginning 01/01/04 | Description |
|---|---|---|
| | 99393 – 5-11 yrs of age<br>99394 – 12 – 17 yrs of age<br>99395 – 18-20 yrs of age | |
| Z5181 | 99205-FP | Initial Visit (limited to one per recipient per family planning provider) |
| Z5182 | 99214-FP | Annual Visit (limited to one per recipient per calendar year) |
| Z5183 | 99213-FP | Periodic Visit (limited to four services per calendar year) |
| Z5184 | 99347-FP | Home Visit |
| Z5185 | 99212-HD | Prenatal Clinic Visit |
| Z5190 | 99212-FP | Extended Family Planning Counseling (limited to one service during 60-day post-partum period) |
| Z5195 | 59430 | Postpartum Clinic Visit |
| Z5267 | S9445 | Prenatal Education (limited to 12 classes per recipient within 2-year period) |
| Z5270 | deleted 06.01/03 | Norplant Capsules Kit |
| Z5272 | deleted 06.01/03 | Implant Physical with Counseling Visit |
| Z5297 | 99211-SE | Medical Encounter |
| Z5316 | 99173-EP | EPSDT Vision Screen |
| Z5317 | 92551-EP | EPSDT Hearing Screen |
| Z5319 | S4989 | Hormonal IUD (Progestesert) |
| Z5320 | J7300 | Mechanical IUD (Paragard) |
| Z5371 | 99231-SE | Inpatient Hospital Encounter |

NOTE:

To bill for interperiodic EPSDT screenings, continue to use 99391-99395 without a modifier. Continue to use the appropriate abnormal diagnosis code(s) when filing claims.

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